

B1 (Official Form 1) (4/10)

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF OKLAHOMA LAWTON DIVISION		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Brooks, Delbert Dean		Name of Joint Debtor (Spouse) (Last, First, Middle): Brooks, Barbara Jane
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): fdba Barb's Upscale Resale LLC
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-0564		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-6214
Street Address of Debtor (No. and Street, City, and State): 701 E Davis Tipton, OK		Street Address of Joint Debtor (No. and Street, City, and State): 701 E Davis Tipton, OK
ZIP CODE 73570		ZIP CODE 73570
County of Residence or of the Principal Place of Business: Tillman		County of Residence or of the Principal Place of Business: Tillman
Mailing Address of Debtor (if different from street address): 701 E Davis Tipton, OK		Mailing Address of Joint Debtor (if different from street address): 701 E Davis Tipton, OK
ZIP CODE 73570		ZIP CODE 73570
Location of Principal Assets of Business Debtor (if different from street address above):		
ZIP CODE		
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <div style="text-align: center;">Nature of Debts (Check one box.)</div> <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

B1 (Official Form 1) (4/10)

Page 2

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Delbert Dean Brooks Barbara Jane Brooks	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between;"> <div> X <u>/s/ Monte J. White</u> Monte J. White </div> <div> <u>09/22/2010</u> Date </div> </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center; margin-bottom: 20px;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: center; margin-bottom: 20px;"> _____ (Address of landlord) </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Delbert Dean Brooks
Barbara Jane Brooks****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Delbert Dean Brooks
Delbert Dean Brooks**X** /s/ Barbara Jane Brooks
Barbara Jane Brooks

Telephone Number (If not represented by attorney)

09/22/2010

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** _____

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)_____
Date**Signature of Attorney*****X** /s/ Monte J. White
Monte J. WhiteBar No. **00785232****Monte J. White & Associates, P.C.**
1106 Brook Ave
Hamilton Place
Wichita Falls TX 76301Phone No. **(940) 723-0099** Fax No. **(940) 723-0096**09/22/2010

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual_____
Printed Name of Authorized Individual_____
Title of Authorized Individual_____
Date**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer_____
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)_____
Address**X** __________
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re: **Delbert Dean Brooks
Barbara Jane Brooks**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re: **Delbert Dean Brooks
Barbara Jane Brooks**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ Delbert Dean Brooks**
Delbert Dean Brooks

Date: **09/22/2010**

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re: **Delbert Dean Brooks
Barbara Jane Brooks**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re: **Delbert Dean Brooks
Barbara Jane Brooks**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ Barbara Jane Brooks**
Barbara Jane Brooks

Date: **09/22/2010**

B6 Summary (Official Form 6 - Summary) (12/07)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re **Delbert Dean Brooks**
Barbara Jane Brooks

Case No.

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$197,112.82		
B - Personal Property	Yes	4	\$13,416.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2			\$181,139.47
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3			\$5,219.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	12			\$176,938.43
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$2,016.02
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$1,764.02
TOTAL		27	\$210,528.82	\$363,296.90	

Form 6 - Statistical Summary (12/07)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re **Delbert Dean Brooks**
Barbara Jane Brooks

Case No.

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$3,000.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$3,000.00

State the following:

Average Income (from Schedule I, Line 16)	\$2,016.02
Average Expenses (from Schedule J, Line 18)	\$1,764.02
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$952.02

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$112.92
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$5,219.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$176,938.43
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$177,051.35

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Delbert Dean Brooks**
Barbara Jane Brooks

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ **29** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **09/22/2010** _____

Signature /s/ Delbert Dean Brooks
Delbert Dean Brooks

Date **09/22/2010** _____

Signature /s/ Barbara Jane Brooks
Barbara Jane Brooks

[If joint case, both spouses must sign.]

B6A (Official Form 6A) (12/07)

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
446 Cable Point Dr, Climax Springs, Camden Co., MO PT.E 1/2 LOTS 6 AND 7 NW ACREAGE: 4.30 SECT/TWNSP/RNG:0439N18W	Owner	C	\$177,112.82	\$177,112.82
701 E. Davis, Tipton, Tillman Co., OK 73570 LTS 10-12 BLK 50 TIP ORIG 701 E DAVIS 792/172 JTWD 893/261 SH DEED 904/193 SWD 908/18 JTWD	Homestead	C	\$20,000.00	\$0.00
			Total: \$197,112.82	

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		checking @ First National	C	\$1.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.		household goods & furnishings	C	\$2,000.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		clothing	C	\$100.00
7. Furs and jewelry.		jewelry	C	\$1,000.00
8. Firearms and sports, photographic, and other hobby equipment.		Smith & Wesson model 27 police revolver	C	\$50.00
		.22 pistol	C	\$20.00
		.22 rifle	C	\$20.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		term life insurance debtor \$6,000 joint debtor \$7,000	C	\$0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorpo- rated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non- negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2006 Ford F150 Pickup	C	\$9,225.00
		1990 Diesel Peterbilt truck - not running	C	\$1,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<div style="text-align: right;"> <u>3</u> continuation sheets attached (Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.) </div>				Total > \$13,416.00

B6C (Official Form 6C) (4/10)

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds
\$146,450.*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
701 E. Davis, Tipton, Tillman Co., OK 73570 LTS 10-12 BLK 50 TIP ORIG 701 E DAVIS 792/172 JTWD 893/261 SH DEED 904/193 SWD 908/18 JTWD	Mo. Rev. Stat. § 513.475	\$15,000.00	\$20,000.00
checking @ First National	Mo. Rev. Stat. § 513.430.1(3)	\$1.00	\$1.00
household goods & furnishings	Mo. Rev. Stat. § 513.430.1(1)	\$2,000.00	\$2,000.00
clothing	Mo. Rev. Stat. § 513.430.1(1)	\$100.00	\$100.00
jewelry	Mo. Rev. Stat. § 513.430.1(2)	\$1,000.00	\$1,000.00
Smith & Wesson model 27 police revolver	Mo. Rev. Stat. § 513.430.1(3)	\$50.00	\$50.00
.22 pistol	Mo. Rev. Stat. § 513.430.1(3)	\$20.00	\$20.00
.22 rifle	Mo. Rev. Stat. § 513.430.1(3)	\$20.00	\$20.00
2006 Ford F150 Pickup	Mo. Rev. Stat. § 513.430.1(5)	\$6,000.00	\$9,225.00
1990 Diesel Peterbilt truck - not running	Mo. Rev. Stat. § 513.430.1(3)	\$1,000.00	\$1,000.00
<i>* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.</i>		\$25,191.00	\$33,416.00

B6D (Official Form 6D) (12/07)

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxxx8921 Bac Home Loans Servi 450 American St Simi Valley, CA 93065	C	DATE INCURRED: 10/15/2007 NATURE OF LIEN: Conventional Real Estate Mortgage COLLATERAL: 446 Cable Point Dr, Climax Springs, Camden Co., REMARKS:				\$177,112.82	
		VALUE: \$177,112.82					
ACCT #: xxx2501 Camden County Collector of Revenue Linda Sweatt 1 Court Cir Ste 4 Camdenton, MO 65020	C	DATE INCURRED: NATURE OF LIEN: Ad Valorem Taxes COLLATERAL: 466 Cable Point Dr, Climax Springs, Camden Co., REMARKS:				\$866.02	
		VALUE: \$177,112.82					
ACCT #:		DATE INCURRED: NATURE OF LIEN: Ad Valorem Taxes COLLATERAL: personal property REMARKS: debtors no longer live in Missouri				\$112.92	\$112.92
Camden County Collector of Revenue Linda Sweatt 1 Court Cir Ste 4 Camdenton, MO 65020	C						
		VALUE: \$0.00					
ACCT #: xxxxxxxxxxx8314 The Central Trust Bank 238 Madison St Jefferson City, MO 65101	C	DATE INCURRED: 07/2006 NATURE OF LIEN: Secured COLLATERAL: 2006 Ford F150 Pickup REMARKS:				\$2,806.00	
		VALUE: \$9,225.00					
Subtotal (Total of this Page) >						\$180,897.76	\$112.92
Total (Use only on last page) >							

1 continuation sheets attached

(Report also on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

B6D (Official Form 6D) (12/07) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxxxxxxxxxxxx0000	C	DATE INCURRED: NATURE OF LIEN: Ad Valorem Taxes COLLATERAL: 701 E. Davis, Tipton, Tillman Co., OK 73570 REMARKS:				\$241.71	
Tillman County Treasurer Kim Lamb PO Box 986 Frederick, OK 73542		VALUE: \$35,000.00					
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims						Subtotal (Total of this Page) >	\$241.71
						Total (Use only on last page) >	\$0.00
						\$181,139.47	\$112.92

(Report also on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

B6E (Official Form 6E) (04/10)

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

** Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

B6E (Official Form 6E) (04/10) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Taxes and Certain Other Debts Owed to Governmental Units
------------------	--

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: 6214		DATE INCURRED: CONSIDERATION: 941 Taxes REMARKS:				\$3,000.00	\$3,000.00	\$0.00
IRS Special Procedures 55 N Robinson Stop 5024 Oklahoma City, OK 73102	C							
Sheet no. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims						\$3,000.00	\$3,000.00	\$0.00
Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)								
Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)								

B6E (Official Form 6E) (04/10) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Administrative allowances
------------------	---------------------------

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: Monte J. White & Associates 1106 Brook Ave Wichita Falls TX 76301	C	DATE INCURRED: 09/08/2010 CONSIDERATION: Attorney Fees REMARKS:				\$2,219.00	\$2,219.00	\$0.00
Sheet no. <u>2</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims						\$2,219.00	\$2,219.00	\$0.00
Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						\$5,219.00		
Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							\$5,219.00	\$0.00

B6F (Official Form 6F) (12/07)

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 570 Absolute Posture Dr. Christi Hancock 980A E. US Hwy 54 Camdenton, MO 65020	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				\$135.00
ACCT #: xxx1496 Account Resolution Cor 12855 Tesson Ferry Rd Saint Louis, MO 63128	C	DATE INCURRED: 03/2010 CONSIDERATION: Collection Attorney REMARKS: Lake Regional Health System				\$1,502.00
ACCT #: xxx9030 Accounts Management Svcs PO Box 973 Columbia, MO 65205-0973	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS: Boyce Bynum Prof Svc Co				\$162.72
ACCT #: xxx9030 Accts M Serv 515 N College Aven Columbia, MO 65205	C	DATE INCURRED: CONSIDERATION: Unknown Loan Type REMARKS: MED1 02 BOYCE BYNUM PROF SVC CO 1				\$162.00
ACCT #: xxxx4153 Alliance One 1684 Woodlands Dr Ste 150 Maumee, OH 43537	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: World Financial (HSN)				Notice Only
ACCT #: xxxx7542 Allied Data Corp/Avon 2 MGROVE/N Dept 707 PO Box 4115 Concord, CA 94524	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				\$221.58
Subtotal >						\$2,183.30
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxx/xxxxx4764 Allied Interstate 3000 Corporate Exchange Dr/5th Fl Columbus, OH 43231	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS: Bank of America				\$17,224.18
ACCT #: xxxxx3447 American Open MRI-Altus 1116 N. Main Street Suite M12 Altus, OK 73521	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				\$1,400.00
ACCT #: xxxxxxxxxxxxxx8941 Bank Of America Attn: Bankruptcy NC4-105-02-99 PO Box 26012 Greensboro, NC 27410	C	DATE INCURRED: 10/2006 CONSIDERATION: Charge Account REMARKS:				\$17,224.00
ACCT #: xxxxxxxxxxxxxx0858 Bank Of America Attn: Bankruptcy NC4-105-03-14 PO Box 26012 Greensboro, NC 27410	C	DATE INCURRED: 06/2004 CONSIDERATION: Credit Card REMARKS:				\$11,165.00
ACCT #: xxxx-xxxx-xxxx-9574 Bank of America PO Box 15026 Wilmington, DE 19850-5026	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only
ACCT #: xxxx-xxxx-xxxx-2497 Bank of America PO Box 15026 Wilmington, DE 19850-5026	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				Unknown

Sheet no. 1 of 11 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$47,013.18

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx5525 Barclays Bank Delaware Attention: Customer Support Department PO Box 8833 Wilmington, DE 19899	C	DATE INCURRED: 04/2008 CONSIDERATION: Credit Card REMARKS:				\$493.00
ACCT #: xxxx-xxxx-xxxx-5533 Barclays Bank Delaware PO Box 8833 Wilmington, DE 19899	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				Unknown
ACCT #: xxxx0982 Bay Area Credit Servic 1901 W 10th St Antioch, CA 94509	C	DATE INCURRED: 06/2010 CONSIDERATION: Collection Attorney REMARKS: AT&T-Missouri				\$108.00
ACCT #: xxxxxx0395 Berlin-wheeler,inc-mo 711 W Mccarty St Jefferson City, MO 65101	C	DATE INCURRED: 05/2009 CONSIDERATION: Collection Attorney REMARKS: Lake Regional Health System				\$1,502.00
ACCT #: xxx8037 Bonded Collection Corp. 29 East Madison Street Suite 1650 Chicago IL 60602-4427	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: PNC Bank				Notice Only
ACCT #: xxxx-xxxx-xxxx-4442 Capital Management Services, Inc 726 Exchange Street Suite 700 Buffalo, NY 14210	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: Chase Bank				Notice Only
Sheet no. <u>2</u> of <u>11</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$2,103.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xx4114 Central States Recovery PO Box 3130 Hutchinson, KS 67504-3130	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: Teton Anesthesia				Notice Only
ACCT #: xx3934 Central States Recovery PO Box 3130 Hutchinson, KS 67504-3130	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS: Dakota Anesthesia				\$56.40
ACCT #: xxxxxxxxxxx7947 Chase P.o. Box 15298 Wilmington, DE 19850	C	DATE INCURRED: 12/1991 CONSIDERATION: Credit Card REMARKS:				\$28,425.00
ACCT #: xxxxxxxxxxx1214 Chase Po Box 15298 Wilmington, DE 19850	C	DATE INCURRED: 09/2005 CONSIDERATION: Credit Card REMARKS:				\$3,825.00
ACCT #: xxxxxxxxxxx4442 Chase Po Box 15298 Wilmington, DE 19850	C	DATE INCURRED: 04/2008 CONSIDERATION: Credit Card REMARKS:				\$792.00
ACCT #: 5421 Chase PO Box 15298 Wilmington, DE 19850-5298	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only
Sheet no. 3 of 11 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$33,098.40
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx7621 Citibank Attn: Centralized Bankruptcy PO Box 20507 Kansas City, MO 64195	C	DATE INCURRED: 10/2000 CONSIDERATION: Credit Card REMARKS:				\$5,874.00
ACCT #: xxx4674 Client Services, Inc. 3451 Harry Truman Blvd St. Charles, MO 63301-4047	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: US Bank				Notice Only
ACCT #: xxxxx5919 Client Services, Inc. 3451 Harry Truman Blvd St. Charles, MO 63301-4047	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: US Bank 4037840023622739				Notice Only
ACCT #: xxxxx5866 Client Services, Inc. 3451 Harry Truman Blvd St. Charles, MO 63301-4047	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: Sears Gold Mastercard 5121079744023588				Notice Only
ACCT #: xxx4312 Consumer Adjustment Co 12855 Tesson Ferry Rd Saint Louis, MO 63128	C	DATE INCURRED: 01/2010 CONSIDERATION: Collection Attorney REMARKS: Lake Regional Health System				\$1,006.00
ACCT #: xxx5355 Consumer Adjustment Co 12855 Tesson Ferry Rd Saint Louis, MO 63128	C	DATE INCURRED: 03/2010 CONSIDERATION: Collection Attorney REMARKS: Lake Regional Hospital				\$561.00
Sheet no. <u>4</u> of <u>11</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$7,441.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxx1510 Consumer Collection Mn 2333 Grissom Dr Saint Louis, MO 63146	C	DATE INCURRED: 08/2009 CONSIDERATION: Collection Attorney REMARKS: Lake Cardiovascular Institute				\$575.00
ACCT #: xxx4248 CPS Security PO Box 782408 San Antonio, TX 78278	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS: HSN				\$42.91
ACCT #: xxxxxx9A45 Creditors Financial Group,LLC P.O. Box 440290 Aurora, CO 80044-0290	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: Bank of America				Notice Only
ACCT #: xxxx-xxxx-xxxx-9485 Discover PO Box 15156 Wilmington, DE 19850-5156	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				Unknown
ACCT #: xxxxxxxxxxxx2992 Discover Fin Attention: Bankruptcy Department PO Box 3025 New Albany, OH 43054	C	DATE INCURRED: 12/2002 CONSIDERATION: Credit Card REMARKS:				\$8,425.00
ACCT #: xxxxx5395 EOS CCA PO Box 296 Norwell, MA 02061-0296	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: AT&T				Notice Only
Sheet no. 5 of 11 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$9,042.91
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx3299 Gemb/home Shopping Po Box 981400 El Paso, TX 79998	C	DATE INCURRED: 10/1999 CONSIDERATION: Charge Account REMARKS:				(\$1.00)
ACCT #: xxxxxxxxxxxx5566 Gembppbycr Attention: Bankruptcy PO Box 103104 Roswell, GA 30076	C	DATE INCURRED: 04/2006 CONSIDERATION: Credit Card REMARKS:				\$122.00
ACCT #: xxxxxx0400 Great Plains Regional Hospital PO Box 2339 Elk City, OK 73648	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				\$470.00
ACCT #: xx8838 Heart and Vascular Center 3106 NW Arlington Ave Lawton, OK 73505	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				\$500.00
ACCT #: xx8639 Integrity Financial Partners, Inc. 4370 W 109th St Ste 100 Overland Park, KS 66211	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: Chase Credit Card				Notice Only
ACCT #: xxxxxxxxxxxx3486 Jacobs Marsh Llc 5500 Main St Ste 101 Williamsville, NY 14221	C	DATE INCURRED: 01/2010 CONSIDERATION: Collection Attorney REMARKS: Metris				\$5,806.00
Sheet no. <u>6</u> of <u>11</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$6,897.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: KCLQ/KLWT 18785 Finch Rd Lebanon, MO 65536	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				\$313.73
ACCT #: xxxxEBAC Kozeny & McCubbin, LC 12400 Olive Blvd, Suite 555 Saint Louis, MO 63141	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: BAC Home Loan - property surrendered				Notice Only
ACCT #: xxxxx9429 Lake Regional Health System 54 Hospital Dr Osage Beach, MO 65065	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only
ACCT #: xxxxxxxxxxxx2772 Main Street Acquisiton 3950 Johns Creek Ct Ste Suwanee, GA 30024	C	DATE INCURRED: 04/2009 CONSIDERATION: Factoring Company Account REMARKS: HSBC				\$11,824.00
ACCT #: xxxx3228 Mercantile Adjustment Bureau LLC PO Box 9016 Williamsville, NY 14231	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: Main Street Acquisition Corp/GM MasterCard				Notice Only
ACCT #: xxxxxx9788 Midland Credit Management PO Box 939019 San Diego, CA 92193	C	DATE INCURRED: 06/2010 CONSIDERATION: Factoring Company Account REMARKS: Citibank				\$5,425.00

Sheet no. 7 of 11 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$17,562.73**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxx9788 Midland Credit Management PO Box 660578 Los Angeles, CA 90060-0578	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: Citibank				Notice Only
ACCT #: xxxxx6071 National Registered Agents, Inc PO Box 927 West Windsor, NJ 08550-0927	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				\$169.00
ACCT #: xxxxxxxxxxxx5356 Nations Recovery Center, Inc 6491 Peachtree Industrial Blvd Atlanta, GA 3036	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS: World Financial Capital Bank				\$4,026.14
ACCT #: xxxxxx3921 Nationwide Credit Inc 2015 Vaughn Rd Ste 400 Kennesaw, GA 30144-7802	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: Chase Bank				Notice Only
ACCT #: xxxxxxxxxxxx9354 Natl Cty Crd Attention: Bankruptcy Department BR-YB5 6750 Miller Road Brecksville, OH 44141	C	DATE INCURRED: 07/2003 CONSIDERATION: Credit Card REMARKS:				\$3,450.00
ACCT #: xxxxxx1919 NCB Management Services, Inc PO Box 1099 Langhorne, PA 19047	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: HSBC				Notice Only

Sheet no. 8 of 11 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >** **\$7,645.14****Total >**(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xx2477 NCO Financial Sys, Inc 507 Prudential Rd Horsham, PA 19044	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS: Chase Bank				\$3,825.12
ACCT #: xxxx-xxxx-xxxx-0858 Northstar Location Services, LLC Attn: Financial Services Dept. 4285 Genesee Street Cheektowaga, NY 14225-1943	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: Bank of America				Notice Only
ACCT #: xxxx-xxxx-xxxx-2772 Praxis Financial Solutions 7331 N. Lincoln Ave Ste 8 Lincolnwood, IL 60712-1704	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS: Main Street Acquisiton Corp/GM MasterCard				\$11,596.58
ACCT #: xxx4990 Professional Recovery Services P.O. Box 1880 Voorhees, NJ 08043-7880	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS: Bank of America				\$11,165.47
ACCT #: xxxxxx6767 RBS World Pay 600 Morgan Falls, Rd Ste260 Atlanta, GA 30350	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only
ACCT #: xxxxxxxxxxxx3588 Sears/cbsd 701 East 60th St N Sioux Falls, SD 57117	C	DATE INCURRED: 09/2002 CONSIDERATION: Credit Card REMARKS:				\$5,298.00
Sheet no. 9 of 11 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$31,885.17
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: x2803 Stephen Bruce & Associates Attorneys at Law PO Box 808 Edmond, OK 73083-0808	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS: Direct Merchants Mastercard 5458004645973486				\$5,806.59
ACCT #: xxxx_xx4114 Teton Anesthesia LTD PO Box 48483 Wichita, KS 67201-8483	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				\$402.00
ACCT #: x6889 The Lakes Liver & Digestive Health 5816 Hwy 54 Parkway Ctr Ste 108 Osage Beach, MO 65065	C	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				\$127.01
ACCT #: xxxxxxxxxxxx0083 Us Bk Rms Cc Cb Disputes St Louis, MO 63116	C	DATE INCURRED: 05/2008 CONSIDERATION: Charge Account REMARKS:				\$1,705.00
ACCT #: xxxxxxxxxxxx2739 Us Bk Rms Cc Cb Disputes St Louis, MO 63116	C	DATE INCURRED: 01/2009 CONSIDERATION: Notice Only REMARKS:				Notice Only
ACCT #: xx9705 Viking Collection Service Inc. P.O. Box 59207 Minneapolis, MN 55459-0207	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: Chase Credit Card				Notice Only
Sheet no. 10 of 11 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$8,040.60
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxx6895 Weltman, Weinberg & Reis Co., LPA 323 W Lakeside Ave Suite 200 Cleveland, OH 44113-1099	C	DATE INCURRED: CONSIDERATION: Notice Only REMARKS: PNC Bank				Notice Only
ACCT #: xxxxxxxxxxxx5356 Wfcb/hsn POB 337003 North Glenn, CO 80233	C	DATE INCURRED: 10/1999 CONSIDERATION: Charge Account REMARKS:				\$4,026.00
Sheet no. <u>11</u> of <u>11</u> continuation sheets attached to						Subtotal >
Schedule of Creditors Holding Unsecured Nonpriority Claims						\$4,026.00
						Total >
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$176,938.43

B6G (Official Form 6G) (12/07)

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	Dependents of Debtor and Spouse	
	Relationship(s): Age(s):	Relationship(s): Age(s):
Employment:		
Debtor		Spouse
Occupation retired		retired
Name of Employer		
How Long Employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$0.00	\$0.00
2. Estimate monthly overtime	\$0.00	\$0.00
3. SUBTOTAL	\$0.00	\$0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes (includes social security tax if b. is zero)	\$0.00	\$0.00
b. Social Security Tax	\$0.00	\$0.00
c. Medicare	\$0.00	\$0.00
d. Insurance	\$0.00	\$0.00
e. Union dues	\$0.00	\$0.00
f. Retirement	\$0.00	\$0.00
g. Other (Specify) _____	\$0.00	\$0.00
h. Other (Specify) _____	\$0.00	\$0.00
i. Other (Specify) _____	\$0.00	\$0.00
j. Other (Specify) _____	\$0.00	\$0.00
k. Other (Specify) _____	\$0.00	\$0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$0.00	\$0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$0.00	\$0.00
7. Regular income from operation of business or profession or farm (Attach detailed stmt)	\$0.00	\$0.00
8. Income from real property	\$0.00	\$0.00
9. Interest and dividends	\$0.00	\$0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$0.00	\$0.00
11. Social security or government assistance (Specify): Social Security	\$1,064.00	\$0.00
12. Pension or retirement income	\$952.02	\$0.00
13. Other monthly income (Specify):		
a. _____	\$0.00	\$0.00
b. _____	\$0.00	\$0.00
c. _____	\$0.00	\$0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$2,016.02	\$0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$2,016.02	\$0.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$2,016.02	

(Report also on Summary of Schedules and, if applicable,
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Schedule I based on debtor's social security and police pension. Joint debtor does not work.

B6J (Official Form 6J) (12/07)

IN RE: **Delbert Dean Brooks**
Barbara Jane BrooksCase No. _____
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other: satellite	\$178.00 \$52.46 \$160.00 \$170.00
3. Home maintenance (repairs and upkeep) 4. Food 5. Clothing 6. Laundry and dry cleaning 7. Medical and dental expenses 8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions	\$350.00 \$150.00 \$220.00
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other: auto & home ins	\$265.17 \$198.25
12. Taxes (not deducted from wages or included in home mortgage payments) Specify: property taxes	\$20.14
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto: b. Other: c. Other: d. Other:	
14. Alimony, maintenance, and support paid to others: 15. Payments for support of add'l dependents not living at your home: 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17.a. Other: 17.b. Other:	
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$1,764.02
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None.	
20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)	
	\$2,016.02 \$1,764.02 \$252.00

B7 (Official Form 7) (04/10)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re: **Delbert Dean Brooks**
Barbara Jane Brooks

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☒ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal year rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$9,576.00	2010 Social Security Income
\$8,568.18	2010 Police Pension
\$13,924.80	2009 Social Security Income
\$11,424.24	2009 Police Pension
\$13,157.00	2008 Social Security Income
\$11,204.00	2008 Police Pension

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

B7 (Official Form 7) (04/10) - Cont.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re: **Delbert Dean Brooks**
Barbara Jane Brooks

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 1

4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND

CASE NUMBER

DISCOVER BANK (DISCOVER)

by SA DFS Services LLC

Plaintiff

vs.

BARBARA BROOKS

Defendant

CASE NO. CS 2010-31

NATURE OF PROCEEDING

debt collection

COURT OR AGENCY

AND LOCATION

IN THE DISTRICT

COURT

OF TILLMAN COUNTY,

STATE OF OKLAHOMA

STATUS OR

DISPOSITION

JUDGEMENT entered

8/3/2010

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

- None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

B7 (Official Form 7) (04/10) - Cont.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re: **Delbert Dean Brooks
Barbara Jane Brooks**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 2

9. Payments related to debt counseling or bankruptcy

None

☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Monte J. White & Associates 1106 Brook Ave Wichita Falls TX 76301	09/08/2010	\$281.00

10. Other transfers

None

☐

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Jimmy & Renee Brooks PO Box 396 Maysville, OK 73057 son	5/2010	1990 Cheiftain Motorhome \$0
Tim & Ashley Hair 739 N Hwy T Camdenton, MO 65020 no relationship to debtor	6/5/2009	business (Barb's Upscale Resale) \$43,000 used to purchase home in OK

None

☒

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None

☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None

☐

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
First National Bank Tipton, OK	Delbert & Barbara Brooks	jewelry legal documents	

B7 (Official Form 7) (04/10) - Cont.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re: **Delbert Dean Brooks
Barbara Jane Brooks**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 3

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☐ If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
446 Cable Point Dr Climax Springs MO 65324	Delbert & Barbara Brooks	9/2004 to 6/28/2009

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

B7 (Official Form 7) (04/10) - Cont.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re: **Delbert Dean Brooks
Barbara Jane Brooks**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 4

18. Nature, location and name of business

None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

**NAME, ADDRESS, AND LAST FOUR DIGITS OF
SOCIAL-SECURITY OR OTHER INDIVIDUAL
TAXPAYER-I.D. NO. (ITIN) / COMPLETE EIN**

NATURE OF BUSINESS

**BEGINNING AND ENDING
DATES**

**Barb's Upscale Resale
739 N Hwy 5
Camdenton, MO 65020
6214**

**household goods & children's
clothing resale**

11/2003 to 6/5/2009

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☒ a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None ☒ b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

B7 (Official Form 7) (04/10) - Cont.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re: **Delbert Dean Brooks
Barbara Jane Brooks**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 5

20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

- None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

- None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

- None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

- None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

24. Tax Consolidation Group

- None ☒ If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

25. Pension Funds

- None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

B7 (Official Form 7) (04/10) - Cont.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

In re: **Delbert Dean Brooks
Barbara Jane Brooks**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 6

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 09/22/2010

Signature /s/ Delbert Dean Brooks
of Debtor Delbert Dean Brooks

Date 09/22/2010

Signature /s/ Barbara Jane Brooks
of Joint Debtor Barbara Jane Brooks
(if any)

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571*

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

IN RE: **Delbert Dean Brooks
Barbara Jane Brooks**

CASE NO

CHAPTER **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	\$2,500.00
Prior to the filing of this statement I have received:	\$281.00
Balance Due:	\$2,219.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify)
to be paid through chapter 13 plan

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

1. Representation regarding Motions to Lift Stay for post-petition default by Debtors except:

A. One (1) Motion to Lift Stay concerning residence

B. One (1) Motion to Lift Stay concerning vehicle

2. Representation in an Adversary Proceeding

3. Motion to Incur Debt

4. Motions to Sell Property

5. Plan Modifications after Confirmation

6. Conversions to Chapter 7 Bankruptcy

7. Motion to Reinstate, except for the First Motion to Reinstate

8. Motions for Hardship Discharge of Chapter 13

9. Motions for Hardship Discharge of Student Loans

10. Court Fee for adding creditors not originally provided to attorney

11. Conversions to Chapter 13 Bankruptcy

12. Representation regarding Objections to Discharge

13. Evidentiary hearing on ANY Motions to Lift Stay, or evidentiary hearing of more than 30 minutes on motions to Dismiss, Objections to Exemptions, Confirmation Hearings, Objection to Claims, or other contested matters.

Debtor(s) agree to pay additional attorney fees of \$400.00 for each occurrence of the following services:

1. Plan Modifications after Confirmation

2. Motions to Sell Property

3. Motions to Incur Debt

4. Motions to Lift Stay (not included in the standard fees)

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION

IN RE: **Delbert Dean Brooks**
Barbara Jane Brooks

CASE NO

CHAPTER 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

09/22/2010

Date

/s/ Monte J. White

Monte J. White

Monte J. White & Associates, P.C.

1106 Brook Ave

Hamilton Place

Wichita Falls TX 76301

Phone: (940) 723-0099 / Fax: (940) 723-0096

Bar No. 00785232

/s/ Delbert Dean Brooks

Delbert Dean Brooks

/s/ Barbara Jane Brooks

Barbara Jane Brooks

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
LAWTON DIVISION**

IN RE: **Delbert Dean Brooks
Barbara Jane Brooks**

CASE NO

CHAPTER **13**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the list of creditors filed in this case is true and correct to the best of his/her knowledge.

Date 09/22/2010

Signature /s/ Delbert Dean Brooks
Delbert Dean Brooks

Date 09/22/2010

Signature /s/ Barbara Jane Brooks
Barbara Jane Brooks

Absolute Posture
Dr. Christi Hancock
980A E. US Hwy 54
Camdenton, MO 65020

Account Resolution Cor
12855 Tesson Ferry Rd
Saint Louis, MO 63128

Accounts Management Svcs
PO Box 973
Columbia, MO 65205-0973

Accts M Serv
515 N College Aven
Columbia, MO 65205

Alliance One
1684 Woodlands Dr Ste 150
Maumee, OH 43537

Allied Data Corp/Avon 2 MGROVE/N
Dept 707
PO Box 4115
Concord, CA 94524

Allied Interstate
3000 Corporate Exchange Dr/5th Fl
Columbus, OH 43231

American Open MRI-Altus
1116 N. Main Street Suite M12
Altus, OK 73521

Bac Home Loans Servici
450 American St
Simi Valley, CA 93065

Bank Of America
Attn: Bankruptcy NC4-105-02-99
PO Box 26012
Greensboro, NC 27410

Bank Of America
Attn: Bankruptcy NC4-105-03-14
PO Box 26012
Greensboro, NC 27410

Bank of America
PO Box 15026
Wilmington, DE 19850-5026

Barclays Bank Delaware
Attention: Customer Support Department
PO Box 8833
Wilmington, DE 19899

Barclays Bank Delaware
PO Box 8833
Wilmington, DE 19899

Bay Area Credit Servic
1901 W 10th St
Antioch, CA 94509

Berlin-wheeler,inc-mo
711 W Mccarty St
Jefferson City, MO 65101

Bonded Collection Corp.
29 East Madison Street
Suite 1650
Chicago IL 60602-4427

Camden County Collector of Revenue
Linda Sweatt
1 Court Cir Ste 4
Camdenton, MO 65020

Capital Management Services, Inc
726 Exchange Street Suite 700
Buffalo, NY 14210

Central States Recovery
PO Box 3130
Hutchinson, KS 67504-3130

Chase
P.o. Box 15298
Wilmington, DE 19850

Chase
Po Box 15298
Wilmington, DE 19850

Chase
PO Box 15298
Wilmington, DE 19850-5298

Citibank
Attn: Centralized Bankruptcy
PO Box 20507
Kansas City, MO 64195

Client Services, Inc.
3451 Harry Truman Blvd
St. Charles, MO 63301-4047

Consumer Adjustment Co
12855 Tesson Ferry Rd
Saint Louis, MO 63128

Consumer Collection Mn
2333 Grissom Dr
Saint Louis, MO 63146

CPS Security
PO Box 782408
San Antonio, TX 78278

Creditors Financial Group,LLC
P.O. Box 440290
Aurora, CO 80044-0290

Discover
PO Box 15156
Wilmington, DE 19850-5156

Discover Fin
Attention: Bankruptcy Department
PO Box 3025
New Albany, OH 43054

EOS CCA
PO Box 296
Norwell, MA 02061-0296

Gemb/home Shopping
Po Box 981400
El Paso, TX 79998

Gembppbycr
Attention: Bankruptcy
PO Box 103104
Roswell, GA 30076

Great Plains Regional Hospital
PO Box 2339
Elk City, OK 73648

Heart and Vascular Center
3106 NW Arlington Ave
Lawton, OK 73505

Integrity Financial Partners, Inc.
4370 W 109th St Ste 100
Overland Park, KS 66211

Internal Revenue Service
55 N. Robinson Stop 5024
Oklahoma City, OK 73102

IRS Special Procedures
55 N Robinson Stop 5024
Oklahoma City, OK 73102

Jacobs Marsh Llc
5500 Main St Ste 101
Williamsville, NY 14221

KCLQ/KLWT
18785 Finch Rd
Lebanon, MO 65536

Kozeny & McCubbin, LC
12400 Olive Blvd, Suite 555
Saint Louis, MO 63141

Lake Regional Health System
54 Hospital Dr
Osage Beach, MO 65065

Main Street Acquisiton
3950 Johns Creek Ct Ste
Suwanee, GA 30024

Mercantile Adjustment Bureau LLC
PO Box 9016
Williamsville, NY 14231

Midland Credit Management
PO Box 939019
San Diego, CA 92193

Midland Credit Management
PO Box 660578
Los Angeles, CA 90060-0578

Monte J. White & Associates
1106 Brook Ave
Wichita Falls TX 76301

National Registered Agents, Inc
PO Box 927
West Windsor, NJ 08550-0927

Nations Recovery Center, Inc
6491 Peachtree Industrial Blvd
Atlanta, GA 3036

Nationwide Credit Inc
2015 Vaughn Rd Ste 400
Kennesaw, GA 30144-7802

Natl Cty Crd
Attention: Bankruptcy Department BR-YB5
6750 Miller Road
Brecksville, OH 44141

NCB Management Services, Inc
PO Box 1099
Langhorne, PA 19047

NCO Financial Sys, Inc
507 Prudential Rd
Horsham, PA 19044

Northstar Location Services, LLC
Attn: Financial Services Dept.
4285 Genesee Street
Cheektowaga, NY 14225-1943

Oklahoma Tax Commission
PO Box 53248
Oklahoma City, OK 73152-3248

Praxis Financial Solutions
7331 N. Lincoln Ave Ste 8
Lincolnwood, IL 60712-1704

Professional Recovery Services
P.O. Box 1880
Voorhees, NJ 08043-7880

RBS World Pay
600 Morgan Falls, Rd Ste260
Atlanta, GA 30350

Sears/cbsd
701 East 60th St N
Sioux Falls, SD 57117

Stephen Bruce & Associates
Attorneys at Law
PO Box 808
Edmond, OK 73083-0808

Teton Anesthesia LTD
PO Box 48483
Wichita, KS 67201-8483

The Central Trust Bank
238 Madison St
Jefferson City, MO 65101

The Lakes Liver & Digestive Health
5816 Hwy 54
Parkway Ctr Ste 108
Osage Beach, MO 65065

Tillman County Treasurer
Kim Lamb
PO Box 986
Frederick, OK 73542

Us Bk Rms Cc
Cb Disputes
St Louis, MO 63116

Viking Collection Service Inc.
P.O. Box 59207
Minneapolis, MN 55459-0207

Weltman, Weinberg & Reis Co., LPA
323 W Lakeside Ave Suite 200
Cleveland, OH 44113-1099

Wfcb/hsn
POB 337003
North Glenn, CO 80233

B 22C (Official Form 22C) (Chapter 13) (04/10)In re: **Delbert Dean Brooks**
Barbara Jane Brooks

Case Number:

According to the calculations required by this statement:

- ☒ **The applicable commitment period is 3 years.**
☐ **The applicable commitment period is 5 years.**
☐ **Disposable income is determined under § 1325(b)(3).**
☒ **Disposable income is not determined under § 1325(b)(3).**

(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME						
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.						
1	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.				Column A Debtor's Income	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.				\$0.00	\$0.00
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.					
	a.	Gross receipts	\$0.00	\$0.00		
	b.	Ordinary and necessary business expenses	\$0.00	\$0.00		
	c.	Business income	Subtract Line b from Line a		\$0.00	\$0.00
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.					
	a.	Gross receipts	\$0.00	\$0.00		
	b.	Ordinary and necessary operating expenses	\$0.00	\$0.00		
	c.	Rent and other real property income	Subtract Line b from Line a		\$0.00	\$0.00
5	Interest, dividends, and royalties.				\$0.00	\$0.00
6	Pension and retirement income.				\$952.02	\$0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.				\$0.00	\$0.00
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor	Spouse		
			\$0.00	\$0.00	\$0.00	\$0.00
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.					
	a.					
	b.					
					\$0.00	\$0.00

B 22C (Official Form 22C) (Chapter 13) (04/10)

10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$952.02	\$0.00
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$952.02	

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11.	\$952.02									
13	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 13.</p>	a.			b.			c.			\$0.00
a.											
b.											
c.											
14	Subtract Line 13 from Line 12 and enter the result.	\$952.02									
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$11,424.24									
16	<p>Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> <p>a. Enter debtor's state of residence: <u>Oklahoma</u> b. Enter debtor's household size: <u>2</u></p>	\$50,710.00									
17	<p>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.</p> <p><input type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.</p>										

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	Enter the amount from Line 11.	\$952.02									
19	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 19.</p>	a.			b.			c.			\$0.00
a.											
b.											
c.											

B 22C (Official Form 22C) (Chapter 13) (04/10)

20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$952.02
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$11,424.24
22	Applicable median family income. Enter the amount from Line 16.	\$50,710.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input checked="" type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. DO NOT COMPLETE PARTS IV, V, OR VI.	

Part IV. CALCULATION OF DEDUCTIONS FROM INCOME**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)																				
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.																				
	<table border="1"> <thead> <tr> <th colspan="2">Household members under 65 years of age</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per member</td> </tr> <tr> <td>b1.</td> <td>Number of members</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> </tr> </tbody> </table>		Household members under 65 years of age		a1.	Allowance per member	b1.	Number of members	c1.	Subtotal	<table border="1"> <thead> <tr> <th colspan="2">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a2.</td> <td>Allowance per member</td> </tr> <tr> <td>b2.</td> <td>Number of members</td> </tr> <tr> <td>c2.</td> <td>Subtotal</td> </tr> </tbody> </table>		Household members 65 years of age or older		a2.	Allowance per member	b2.	Number of members	c2.	Subtotal	
Household members under 65 years of age																					
a1.	Allowance per member																				
b1.	Number of members																				
c1.	Subtotal																				
Household members 65 years of age or older																					
a2.	Allowance per member																				
b2.	Number of members																				
c2.	Subtotal																				
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)																				
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.																				
	<table border="1"> <tbody> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rent expense</td> <td></td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td></td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </tbody> </table>		a.	IRS Housing and Utilities Standards; mortgage/rent expense		b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47		c.	Net mortgage/rental expense	Subtract Line b from Line a.										
a.	IRS Housing and Utilities Standards; mortgage/rent expense																				
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47																				
c.	Net mortgage/rental expense	Subtract Line b from Line a.																			
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:																				

B 22C (Official Form 22C) (Chapter 13) (04/10)

27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>										
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>										
28	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1" data-bbox="203 871 1377 1024"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td></td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td> <td></td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs		b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47		c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	
a.	IRS Transportation Standards, Ownership Costs										
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47										
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
29	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1" data-bbox="203 1224 1377 1373"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td></td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td> <td></td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs		b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47		c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	
a.	IRS Transportation Standards, Ownership Costs										
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47										
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
30	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.</p>										
31	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.</p>										
32	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.</p>										
33	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.</p>										

B 22C (Official Form 22C) (Chapter 13) (04/10)

34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.											
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.											
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.											
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.											
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.											
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37												
39	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 65%;">Health Insurance</td> <td style="width: 30%;"></td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td></td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td></td> </tr> </table> <p>Total and enter on Line 39</p> <p>IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:</p> <p>_____</p>		a.	Health Insurance		b.	Disability Insurance		c.	Health Savings Account		
a.	Health Insurance											
b.	Disability Insurance											
c.	Health Savings Account											
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34.											
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.											
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.											
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.											

B 22C (Official Form 22C) (Chapter 13) (04/10)

44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.																										
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.																										
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.																										
Subpart C: Deductions for Debt Payment																											
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 35%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 15%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines a, b and c</td> <td></td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.				<input type="checkbox"/> yes <input type="checkbox"/> no	b.				<input type="checkbox"/> yes <input type="checkbox"/> no	c.				<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines a, b and c		
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																							
a.				<input type="checkbox"/> yes <input type="checkbox"/> no																							
b.				<input type="checkbox"/> yes <input type="checkbox"/> no																							
c.				<input type="checkbox"/> yes <input type="checkbox"/> no																							
			Total: Add Lines a, b and c																								
48	Other payments on secured claims. If any of the debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 35%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 30%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines a, b and c</td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.				b.				c.							Total: Add Lines a, b and c						
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																								
a.																											
b.																											
c.																											
			Total: Add Lines a, b and c																								
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.																										
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: right;">%</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>	a.	Projected average monthly chapter 13 plan payment.		b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	%	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																	
a.	Projected average monthly chapter 13 plan payment.																										
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	%																									
c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																									
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.																										
Subpart D: Total Deductions from Income																											
52	Total of all deductions from income. Enter the total of Lines 38, 46 and 51.																										

B 22C (Official Form 22C) (Chapter 13) (04/10)

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	Total current monthly income. Enter the amount from Line 20.																	
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.																	
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).																	
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.																	
57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE. <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Nature of special circumstances</th> <th>Amount of expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Total: Add Lines a, b, and c</td> </tr> </tbody> </table>			Nature of special circumstances	Amount of expense	a.			b.			c.					Total: Add Lines a, b, and c	
	Nature of special circumstances	Amount of expense																
a.																		
b.																		
c.																		
		Total: Add Lines a, b, and c																
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.																	
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.																	

Part VI: ADDITIONAL EXPENSE CLAIMS

60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
a.		
b.		
c.		
Total: Add Lines a, b, and c		

Part VII: VERIFICATION

61	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i>	
	Date: <u>09/22/2010</u>	Signature: <u>/s/ Delbert Dean Brooks</u> Delbert Dean Brooks
	Date: <u>09/22/2010</u>	Signature: <u>/s/ Barbara Jane Brooks</u> Barbara Jane Brooks

Current Monthly Income Calculation DetailsIn re: **Delbert Dean Brooks**
Barbara Jane BrooksCase Number:
Chapter: **13****6. Pension and retirement income.**

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
<u>Debtor</u>	<u>Police Retirement</u>						
	\$952.02	\$952.02	\$952.02	\$952.02	\$952.02	\$952.02	\$952.02